**BEBCMAT Acting Up Form**

To be completed by employee:

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Number: |  | Claim for Month Ending: |  |

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |

| Amount of hours to be deducted from contractual hours: |  | No. of hours |
| --- | --- | --- |
|  |
| Amount of hours to be paid at higher rate | Scale point to be paid at: | No. of hours |
|  |  |
| Additional hours to be paid at higher scale point | Scale point to be paid at: | No. of hours |
|  |  |

|  |  |
| --- | --- |
| I certify that the hours claimed above have been worked by me | |
| Employee signature |  |
| Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| To be completed by approved authoriser | | | |
| Approvers signature |  | Name (printed) |  |
| Job title |  | | |
| Date |  | Contact number |  |

|  |  |  |
| --- | --- | --- |
| Date worked | No of hours | Reason |
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